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**OPTIONAL STATE SUPPLEMENTATION**

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| <b>STATUTORY BASIS FOR PAYMENT</b>        | Minnesota Statutes Annotated, Sections 256D.33-256D.54 and 256I.01-256I.06.  |
| <b>EFFECTIVE DATE</b>                     | April 1, 1974.   |
| <b>ADMINISTRATION<sup>1</sup></b>         | County Welfare and Human Services Agencies (State-supervised).   |
| <b>PASSALONG</b>                          | In compliance by the method of maintaining all payment levels.   |
| <b>SCOPE OF COVERAGE</b>                  | Optional State supplement provided to SSI recipients and to persons who, but for excess income, would be receiving SSI and who have maintenance needs based on the December 1973 State standards which exceed their income from the Federal SSI and other sources, and who would otherwise have qualified for benefits under former State assistance programs for the aged, blind, and disabled. Blind children are eligible for supplementation; disabled children under age 18 are not eligible for supplementation. |
| <b>RECOVERIES, LIENS, AND ASSIGNMENTS</b> | None.  |
| <b>RELATIVE RESPONSIBILITY</b>            | Spouse for spouse. Parents for blind children under age 18.  |
| <b>INCOME DISREGARDS</b>                  | No disregards in addition to the Federal income disregards.  |
| <b>RESOURCE LIMITATIONS</b>               | Federal SSI resource limitations apply.  |
| <b>PLACE OF APPLICATION</b>               | County Welfare and Human Services Boards.  |
| <b>FUNDING</b>                            | Assistance: State funds.<br>Administration: County funds; except State expenses which are State funded.  |

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<sup>1</sup> Payments are made under the "Minnesota Supplemental Aid Program." Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS<sup>2</sup>**

| <u>Code</u> | <u>Living arrangements</u>                          | <u>Combined Federal/State</u> |               | <u>State supplementation</u> |               |
|-------------|---|-------------------------------|---------------|------------------------------|---------------|
|             |   | <u>Individual</u>             | <u>Couple</u> | <u>Individual</u>            | <u>Couple</u> |
|             | Living independently                                |                               |               |                              |               |
|             | Entitlement prior to 1/1/94                         | \$551.00                      | \$831.00      | \$81.00                      | \$126.00      |
|             | Entitlement 1/1/94 or later                         | 551.00                        | 816.00        | 81.00                        | 111.00        |
|             | Living in household of another                      |                               |               |                              |               |
|             | Entitlement prior to 1/1/94                         | 423.34                        | 814.00        | 110.00                       | 344.00        |
|             | Entitlement 1/1/94 or later                         | 423.34                        | 551.00        | 110.00                       | 81.00         |
|             | Nonmedical, group residential facility <sup>3</sup> | 1,153.37                      | N/A           | 683.37 <sup>3</sup>          | N/A           |
|             | Medicaid facility                                   | 61.00                         | 122.00        | 31.00                        | 62.00         |

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

County Welfare and Human Services Boards (State-supervised).

**SPECIAL NEED  
CIRCUMSTANCES:**

Amounts of assistance to be allowed for items not covered by the mandatory State standards shall be determined on the basis of need in each case.

**RECURRING**

Diets - Specified modified diets when prescribed by a physician shall be allowed at designated rate.

Guardianship fees - Five percent of gross monthly income (including SSI) up to a maximum of \$100 per month.

**REPRESENTATIVE  
PAYEE SERVICES**

Ten percent of gross monthly income up to a maximum of \$25 for services provided by an agency that meets the requirements under SSI regulations to charge fee for payee services.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.<sup>3</sup> Includes \$61 a month for clothing and personal needs. Indicates the highest amount which may be paid.

**NONRECURRING**

Housing, major repairs - Payment for catastrophic situations only for homeowners who live in their homes.

Furniture and appliances - Payment for necessary repairs and replacements.

**MEDICAID****ELIGIBILITY:****CRITERION**

State guidelines.

**DETERMINED BY**

County Welfare and Human Services Agencies (State supervised).

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration does not obtain this information.